

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF MISSOURI

CLAUDE KOONTZ
Plaintiff

vs.

STUDENT HEALTH CENTER, et al
Defendant

Case No. 07-4199-CV-C-WAIC

AFFIDAVIT OF FINANCIAL STATUS

I, CLAUDE KOONTZ, declare that I am the plaintiff in this case, that because of my poverty I am unable to pay the costs of these proceedings, and that I believe I am entitled to relief.

I further swear that the responses which I have made to the questions below and the information I have given relating to my ability to pay the costs of commencing and prosecuting this action are true.

I. MARITAL STATUS AND PERSONAL DATA

A. Single: ☒ Married: ☐ Separated: ☐ Divorced: ☐

B. Name of Spouse N/A

C. Age of plaintiff, petitioner or complainant: 43

D. Age of spouse: N/A

E. Address of plaintiff, petitioner or complainant: 310 8th St.

Boonville, MO 65233

Telephone: 314-772-7594

F. Address of spouse: N/A

Telephone: N/A

- G. State name or names of dependents who live with you, their age, address, relationship, and how much of their monthly support you provide:

N/A

II. EMPLOYMENT

- A. Name of employer: Unemployed since 2005
Address of employer: N/A
Employer's telephone: N/A Length of employment: N/A
Job title or description: N/A
Net Income: Monthly \$ N/A Weekly \$ N/A
Gross Income: Monthly \$ N/A Weekly \$ N/A
Does employer provide health insurance: Yes _____ No _____
If employer provides health insurance, describe coverage: N/A

- B. Previous employment (Answer only if presently unemployed).

Name of employer: N/A
Address of employer: _____
Employer's telephone: _____ Length of employment: _____
Job title or description: _____
Net Income: Monthly \$ _____ Weekly \$ _____
Gross Income: Monthly \$ _____ Weekly \$ _____

- C. Employment of spouse:

Name of employer: N/A

Address of employer: N/A

Employer's telephone: _____ Length of employment: _____

Job title or description: _____

Net Income: Monthly \$ N/A Weekly \$ N/A

Gross Income: Monthly \$ N/A Weekly \$ N/A

III. FINANCIAL STATUS

(Answer questions on behalf of both the plaintiff, petitioner or complainant and spouse).

A. Owner of real property? Yes ___ No ✓

If yes - Description: _____

Address: _____

In whose name? _____

Estimated value: _____

Total amount owed: _____

Owed to: _____

Annual income from property: _____

B. Owner of automobile: Yes ___ No ✓

If yes - Number of automobiles owned: 0

Make _____ Model _____ Year _____

Make _____ Model _____ Year _____

In whose name registered? _____

Present value: _____

Amount owed on the automobile(s): _____

Owed to: _____

Monthly payment(s): _____

C. Cash on hand: (Include checking and savings accounts)

\$ less than 100.00

List names and addresses of banks and associations:

Please do not state account numbers: None

D. Have you received within the past 12 months any money from any of the following sources:

	Yes	No
Rent payments, interest or dividends:	<u>—</u>	<u>✓</u>
Pensions, trust funds, annuities or life insurance payments?	<u>—</u>	<u>✓</u>
Gifts or inheritances?	<u>—</u>	<u>✓</u>
Welfare payments?	<u>—</u>	<u>✓</u>
ADC or other governmental child support?	<u>—</u>	<u>✓</u>
Unemployment benefits?	<u>—</u>	<u>✓</u>
Social Security benefits?	<u>—</u>	<u>✓</u>
Other sources?	<u>✓</u>	<u>—</u>

E. If the answer to any item in D above was "Yes", describe each source of money and state the amount received from each during the past 12 months:

Tuition and \$3,900.00 Living Expenses
From Financial Aid - University
of Missouri

IV. OBLIGATIONS

A. Monthly rental on house or apartment: shared approx 400.00

B. Monthly mortgage payments on house: none

Amount of equity in house: none

C. Monthly mortgage payments on other properties: \$ NONE

Amount of equity in other properties: \$ NONE

D. Household expenses:

Monthly grocery expense: 250.00

Monthly utilities:

Gas: 20.00

Electric: 30.00

Water: 10.00

Other: (Specify) _____

E. Other debts and miscellaneous monthly expenses:

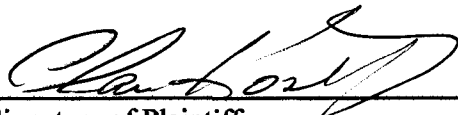
TO WHOM OWED AND FOR WHAT REASON INCURRED?	MONTHLY PAYMENTS	BALANCE DUE
TRAVEL GASOLINE	120.00	

V. **OTHER INFORMATION PERTINENT TO FINANCIAL STATUS**

(Include information regarding stocks, bonds, savings bonds, either individually or jointly owned).

Plaintiff unable to find employment
due to 18 felony convictions

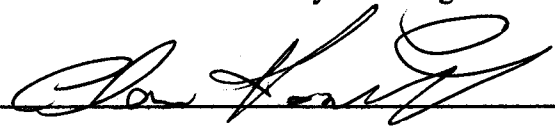
I understand that a false statement or answer to any question in this affidavit will subject me to penalties of perjury.


Signature of Plaintiff

VERIFICATION

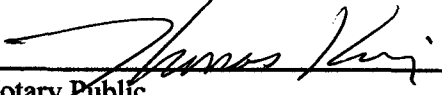
State of Missouri)
County of Jefferson)

I, being first duly sworn under oath, state that I know the contents of this affidavit and that the information contained in the affidavit is true to the best of my knowledge and belief.


Signature of Plaintiff or Plaintiffs

All parties must verify

SUBSCRIBED AND SWORN TO before me this 28 day of September, 2007


Notary Public

4/6/09
My Commission Expires

Thomas King
Notary Public - Notary Seal
State of Missouri
Jefferson County
My Commission Expires April 6, 2009
Commission # 05692456

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